

STATE OF CONNECTICUT

COUNCIL ON DEVELOPMENTAL DISABILITIES



Testimony in Support of Raised Bill 1088 AAC Individuals with Developmental Disabilities March 18, 2015 Submitted by Shelagh McClure, Chair CT Council on Developmental Disabilities

Senator Gerrantana, Representative Ritter and Members of the Committee. My name is Shelagh McClure. I live in West Hartford with my husband and my son Dan who is 24 and has an intellectual disability. He is on the DDS residential Waiting List.

I am Chair of the Connecticut Council on Developmental Disabilities (Council) and I am here today to testify in support of Raised Bill 1088, An Act Concerning Services for Individuals with Intellectual Disability. The mission of the Council is to promote full inclusion of people with developmental disabilities into community life. That is why the Council is very supportive of this legislation.

In November, our Council called for the closure of the State-operated institutions and, joined by the Arc CT, the UConn Center for Excellence in Developmental Disabilities and the Office of Protection and Advocacy, in December we launched the 2020 Campaign to close the institutions by the year 2020. Since then, the State Independent Living Centers and the Cross Disability Alliance have signed on to our campaign. What do we all have in common--our conviction that the era of people with intellectual disabilities living in segregated institutions must end, and it must end as soon as possible--but no later than the year 2020.

This bill is a good start, in that it calls for the development and implementation of a plan to close all state-operated institutions. However, for a plan to be meaningful, it must include not just a timeline but a final date by which all institutions will be closed--and this legislation should be amended to require the plan to have such a date.

In addition, the proposed legislation, in subsection (b)(2)(B) of Section 1 requires the Commissioner to report back to the legislature December 15, 2015 on, among other things, her plan to "meet the needs of all persons receiving services from the Department of Developmental Services. . ." I urge this Committee to amend this provision to require the report to, at a minimum, require the Commissioner's report to also her plan to address the needs of all individuals on DDS Waiting Lists.

The plan to close state institutions, if properly developed, will save money and that money should be required by law to stay in the DDS system to provide funding for Waiting List services and not revert to the General Fund. Right now, there is a DDS residential Waiting List of over 2,000, and if the Governor's proposed budget is adopted, there will be a new Waiting List for Day Services. Perhaps a Waiting List Trust Fund could be developed, but in any event, while there are Waiting Lists, the savings should be dedicated for DDS services only.

I have already heard many dire predictions on the cost of deinstitutionalization, much of which is based on outmoded thinking on what these residents can't do and where they can't live. I urge you to not let fear and myths prevent us from accomplishing what we should do and what these individuals CAN do, which is live a better life in the community.

Every bit of research on people that have moved from institutions into community settings shows, without contradiction, that they do better in the community. This includes individuals with the most profound challenges. It includes individuals who are older than 60 years of age. It even includes individuals who have lived at institutions for many years and most of their lives. It also shows that families, who often by large margins oppose moving their family members out of institutions to community settings, once their family members are settled in their new homes, become supporters of community living, also by large majorities.

In addition, in developing the plan, the Commissioner should be directed to explore all possibilities on settings and providers. Just as individuals with profound challenges can and do live in settings other than an institution, they do not have to live in a group home, as long as the proper supports are provided. Although this bill is principally motivated by the desire to do the right thing in closing the institutions, and not about saving money, dire and unfounded predictions about the cost of deinstitutionalization may cause some of your colleagues not to support this bill unless you are prepared with the facts.

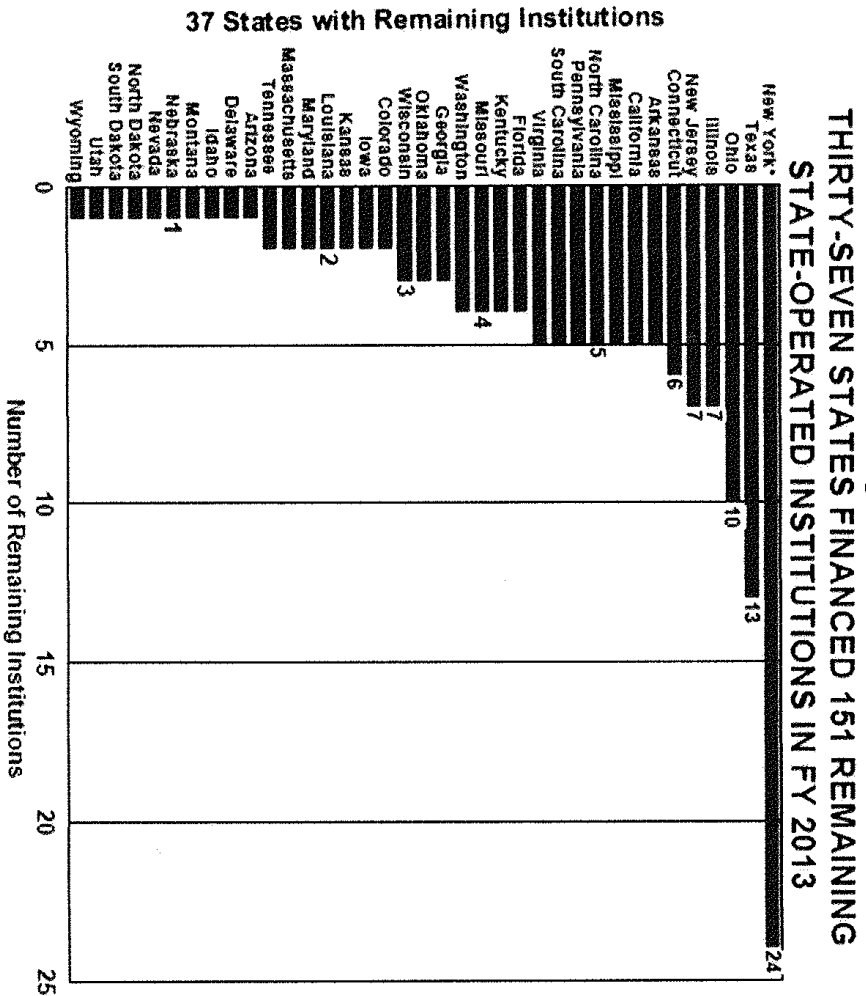
We do not need to build 75 to 80 new group homes, as some have suggested. Connecticut has many qualified, sophisticated, innovative private providers who could provide services for residents leaving institutions. They provide quality services at a lower cost. I have spoken with numerous representatives of private provider organizations who are ready, willing and able to assist in moving residents from our institutions to proper settings in the community, so long as proper planning is undertaken, and proper funding is provided.

If the only option explored by the Commissioner is group homes, or group homes staffed by State employees, this will be a lost opportunity to provide a good life for the residents and save money, money which could be used to expand services to those on the Waiting List for services. You should insist on an unbiased evaluation of costs and community options. Be skeptical of a report that shows low or no savings.

I am attaching to this testimony some additional information which underscores the importance of this bill. The first 3 charts show the huge cost of Connecticut's institutions and how Connecticut compares unfavorably nationally in continuing to operate 6 I/DD institutions: Connecticut, with 6 remaining state-operated institutions, has more institutions than all but 5 states (Exhibit 1); Connecticut spends more per person in its state-operated institutions (\$413,815) than all but 3 states (Exhibit 2); that from 2011 to 2013 Connecticut actually increased the amount it spent on institutions, as measured by aggregate statewide personal income (Exhibit 3). The fourth chart, The Estimated Number of Persons with I/DD Living with Aging Caregivers in FY 2013 (Exhibit 4), shows why the cost savings associated with closing institutions is so vital. Each of these charts is from the 2013 State of the States in Intellectual and Developmental Disabilities: Emerging from the Great Recession, Braddock, et al (2015). The State is the source for the data in this report.

With over 10,000 families with aging caregivers, a growing residential services Waiting List and the proposed elimination of Day Services for high school graduates and the likely creation of a new Waiting List for Day Services, Connecticut cannot continue to fund expensive institutions and put the vital needs of thousands of other individuals with I/DD on the back burner, as it has done now for years. Let us take this opportunity, once and for all, to step up, do what is right. Close the institutions--do it in a smart way, so that people are moved in a humane way to homes in the community, and money is saved and stays in the DDS system, so that others can be served.

The Council wishes to express its gratitude to the Committee for raising this bill, and I/DD Caucus for its leadership this session, and again, we urge your favorable report for RB 1088.



Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2015.

Exhibit 2

ANNUAL COST OF CARE PER PERSON
IN SIX RESIDENTIAL SETTINGS: FY 2013¹

State	Institutions for 16+ persons		State		ICF/ID for 16 or fewer persons		Supported Living/Personal Assistance
	ICF/ID	Non-ICF/ID	Private	Public	Private	Public	
Alabama	\$0	\$0	\$0	\$0	\$5,439	\$0	\$15,500
Alaska	\$0	\$0	\$0	\$0	\$101,737	\$0	\$66,148
Arizona	\$386,076	\$0	\$126,514	\$0	\$150,517	\$0	\$20,276
Arkansas	\$19,110	\$0	\$141,705	\$77,507	\$0	\$0	\$42,621
California	\$159,530	\$15,580	\$159,530	\$159,530	\$159,530	\$0	\$20,088
Colorado	\$0	\$0	\$55,113	\$301,797	\$0	\$0	\$29,414
Connecticut	\$0	\$0	\$413,015	\$100,733	\$0	\$0	\$32,249
Delaware	\$132,470	\$0	\$441,189	\$0	\$0	\$0	\$35,189
District of Columbia	\$0	\$0	\$238,707	\$0	\$0	\$0	\$54,702
Florida	\$65,039	DNE	\$134,010	\$174,744	\$0	\$0	\$1,135
Georgia	\$39,065	\$0	\$140,911	\$0	\$0	\$0	\$1,940
Hawaii	\$0	\$0	\$67,733	\$0	\$0	\$0	\$23,408
Idaho	\$0	\$0	\$278,354	\$67,733	\$0	\$0	\$20,329
Illinois	\$46,100	\$19,133	\$150,392	\$53,948	\$0	\$0	\$15,573
Indiana	\$103,690	\$0	\$14,469	\$0	\$0	\$0	\$48,330
Iowa	\$145,471	\$15,437	\$273,134	\$103,390	\$0	\$0	\$44,197
Kansas	\$0	\$0	\$181,108	\$103,046	\$0	\$0	\$8,254
Kentucky	\$182,565	\$0	\$302,330	\$0	\$143,291	\$0	\$19,008
Louisiana	\$147,154	\$0	\$262,401	\$68,008	\$603,292	\$0	\$7,224
Maine	\$155,649	\$0	\$202,401	\$201,058	\$0	\$0	\$2,131
Maryland	\$0	\$0	\$306,011	\$0	\$0	\$0	\$51,809
Massachusetts	\$0	\$0	\$372,039	\$0	\$0	\$0	\$13,432
Michigan	\$0	\$43,008	\$0	\$0	\$0	\$0	\$18,270
Minnesota	\$14,225	\$0	\$0	\$81,703	\$101,745	\$0	\$18,350
Mississippi	\$0	\$0	\$181,459	\$0	\$123,343	\$0	\$12,352
Missouri	\$501,554	\$27,241	\$250,763	\$65,022	\$0	\$0	\$32,065
Montana	\$0	\$0	\$229,751	\$0	\$0	\$0	\$2,858
Nebraska	\$78,254	\$0	\$387,432	\$167,035	\$0	\$0	\$25,653
Nevada	\$183,702	\$0	\$206,397	\$85,000	\$0	\$0	\$43,465
New Hampshire	\$145,438	\$0	\$0	\$0	\$0	\$0	\$7,657
New Jersey	\$185,539	\$334,948	\$201,1743	\$0	\$0	\$0	\$53,892
New Mexico	\$0	\$0	\$107,725	\$770,629	\$0	\$0	\$50,981
New York	\$231,783	DNE	\$900,250	\$160,654	\$270,638	\$0	\$14,540
North Carolina	\$17,514	\$0	\$130,550	\$130,550	\$0	\$0	\$24,731
North Dakota	\$204,314	\$0	\$278,044	\$144,792	\$0	\$0	\$35,510
Ohio	\$86,897	DNE	\$187,028	\$86,723	\$0	\$0	\$32,859
Oklahoma ²	\$37,510	\$0	\$151,348	\$37,487	\$0	\$0	\$64,869
Oregon	\$0	\$0	\$101,281	\$0	\$0	\$0	\$23,157
Pennsylvania	\$134,303	\$73,286	\$370,010	\$101,281	\$0	\$0	\$10,815
Rhode Island	\$257,307	\$0	\$117,800	\$0	\$138,869	\$0	\$22,468
South Carolina	\$0	\$0	\$117,800	\$0	\$71,867	\$0	\$17,697
South Dakota	\$104,000	\$0	\$130,550	\$130,550	\$0	\$0	\$4,952
Tennessee	\$718,332	\$0	\$428,238	\$198,332	\$233,193	\$0	\$23,732
Texas	\$40,128	\$0	\$206,499	\$20,661	\$234,685	\$0	\$22,600
Utah	\$82,848	\$0	\$164,022	\$97,841	\$0	\$0	\$12,288
Vermont	\$0	\$0	\$191,744	\$0	\$0	\$0	\$12,511
Virginia	\$201,136	\$0	\$316,839	\$307,008	\$0	\$0	\$34,493
Washington	\$0	\$1,350	\$207,314	\$102,708	\$0	\$0	\$34,286
West Virginia	\$142,620	\$0	\$163,101	\$0	\$0	\$0	\$20,549
Wisconsin	\$42,130	\$430,471	\$396,246	\$78,143	\$0	\$0	\$11,358
Wyoming	\$0	\$202,019	\$0	\$0	\$0	\$0	\$11,003
United States	\$68,551	\$36,634	\$255,692	\$65,697	\$133,063	\$0	\$26,702

¹Composites from average daily resident and financial data provided by the states's 50 residential care providers. Provides the average and DNR facilities the state and not financial data with which to calculate cost of care. Two US averages were computed from aggregated spending divided by aggregated population, across all providers in the state. ²Source: Coleman Institute for Cognitive Disabilities. Source: Bradstock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2015.

Source: D Bradstock (2015).
Boulder, CO: University of
Colorado, Coleman Institute for
Cognitive Disabilities.

STATE FISCAL EFFORT RANKINGS: FY 2011 and 2013¹

State	Total Spending		Community		Institutional ²	
	2013	2011	2013	2011	2013	2011
Colorado	48	47	48	42	33	38
Connecticut	13	19	19	21	6	13
Maine	2	3	2	2	34	42
Maryland	42	41	36	37	35	36
Michigan	33	31	25	24	42	43
Minnesota	7	5	4	3	37	37
New Hampshire	27	24	20	20	43	45
New Mexico	21	20	17	14	45	47
Oregon	18	16	11	10	51	46
Vermont	9	8	6	5	45	47
West Virginia	6	11	3	7	44	44

¹ "Fiscal effort" is spending for I/DD services per \$1,000 of aggregate statewide personal income. See Part Two of this monograph for 1977 - 2013 fiscal effort levels for each state.

² In 2013, AL, AK, DC, HI, NM, and VT had no institutional spending, and were tied for 45th.

Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2015.

Exhibit 4

ESTIMATED NUMBER OF PERSONS WITH I/DD LIVING WITH AGING CAREGIVERS IN FY 2013¹

State	Persons with I/DD
Colorado	12,118
Connecticut	10,645
Maine	4,230
Maryland	15,794
Michigan	24,123
Minnesota	12,401
New Hampshire	3,631
New Mexico	6,361
Oregon	9,470
Vermont	1,794
West Virginia	5,860
United States	863,314

¹ Caregivers aged 60 years and older.

Source: Braddock et al., Coleman Institute and
Department of Psychiatry, University of Colorado, 2015.